

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155165		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF PROVIDER OR SUPPLIER  RIVERVIEW VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 586 EASTERN BLVD CLARKSVILLE, IN 47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for Investigation of Complaint IN00107462.</p> <p>Complaint IN00107462 - Substantiated. Federal/state deficiencies related to the allegations are cited at F425.</p> <p>Survey dates: 5/15 and 5/16/12</p> <p>Facility number: 000082 Provider number: 155165 AIM number: 100289640</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF/NF: 111 Total: 111</p> <p>Census payor type: Medicare: 17 Medicaid: 75 Other: 19 Total: 111</p> <p>Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 21,</p>			F0000	<p>Please find enclosed the plan of correction for the survey ending May 16 th , 2012. Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Due to the low scope and severity of the survey finding, please find sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2012  
FORM APPROVED  
OMB NO. 0938-0391

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	2012 by Bev Faulkner, RN						

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review and interview, the facility failed to ensure a system was developed to ensure documentation on the E-MAR (electronic medication administration record) related to administration of controlled medication correlated with the Narcotic Control Sheet. In addition, the facility failed to ensure the consulting pharmacy company assisted the facility to develop a specific policy related to the disposal and documentation of non-returnable medications. The deficient practice affected 1 of 2 discharged residents whose medications were reviewed related to</p>			F0425	<p>F425 - Requires that a facility must provide routine and emergency drugs and biological to its residents, or obtain them under an agreement described in 483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure accurate acquiring, receiving, dispensing, and administering of all drugs and biological(s). To meet the needs of each resident. The facility must employ or obtain the services of a licensed</p>		05/31/2012

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	<p>disposition of controlled substances in a sample of 3 residents. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5/15/12 at 11:25 a.m. The record indicated the resident was admitted from the hospital to the facility on 3/29/12, discharged to the hospital on 4/13/12, and readmitted from the hospital on 4/15/12.</p> <p>a. Physician's orders upon return from the hospital on 4/15/12, included, but were not limited to, an order originally received 4/12/12, for Lortab (narcotic pain medication) 7.5-500 mg three times a day as needed for moderate pain. The orders also included an order originally received 4/8/12 for Alprazolam (anxiety medication) 1 mg tab daily at bedtime.</p> <p>The electronic Medication Administration Record (e-mar) for April 2012 indicated the resident received Lortab on 4/15/12 at 2:29 p.m. and 8:58 p.m., on 4/17/12 at 11:44 a.m. and 8:38 p.m., on 4/18/12 at 3:41 p.m., and on 4/19/12 at 11:57 a.m., or six doses of the medication.</p> <p>The Narcotic Control Sheet indicated seven doses of the medication were</p>		<p>pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. 1. Resident C was not harmed. 2. All residents have the potential to be affected. An audit was completed on all residents, who are on PRN narcotic medications, to identify any residents who might be affected. (See attachment A). In-service on PRN Medication Administration Documentation and Destruction was completed on May 16 th , 2012, by DNS (See Attachment D). See below for corrective measures. 3. The Medication Destruction Policy and Procedure was reviewed and changes made in reference to destruction of narcotics and controlled medication (See Attachment B and C). In-service on PRN Medication Administration Documentation and Destruction was completed on May 16 th , 2012, by DNS. (See attachment D). 4. The DNS, or her designee, will utilize the Daily PRN Documentation CQI Audit Tool (See Attachment E) daily times 4 weeks then monthly thereafter for at least six months to ensure that the EMAR correlates with the Narcotic Count Sheet. If 100% threshold is not achieved then an action plan will be developed. The Narcotic Count Sheets will be audited by Medical Records to ensure that two signatures are present on all narcotic count sheets (See</p>				

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	<p>documented as dispensed from the medication card for administration from 4/15/12 through 4/20/12.</p> <p>A physician's order, dated 4/20/12, indicated the Lortab was to be discontinued.</p> <p>A physician's order, dated 4/20/12, indicated the resident was to be discharged home on that date.</p> <p>During interview on 5/15/12 at the Daily Conference completed at 4:40 p.m., the Director of Nursing (DON) indicated the Medical Records Nurse had told her recently that the facility's electronic medication administration record (E-MAR) and the Narcotic Control Sheets had discrepancies. She indicated the E-MAR was not consistently documented for medications administered when the Narcotic Count Sheet indicated medications were dispensed from the medication card for administration. She indicated the facility is working to correct the problem.</p> <p>The facility's policy related to Medication Administration was provided on the work table on 5/16/12 at 10:15 a.m. Review of the policy at this time indicated in 12.0, "...PRN [as needed] medications are to be charted on the medication administration</p>		Attachment F). This will be on-going. If a 100% threshold is not achieved then an action plan will be developed. The pharmacy consultant will audit monthly The Narcotic Count Sheets utilizing the Pharmacy Review CQI Tool (See Attachment G). This will be on-going. If a 95% threshold is not achieved then an action plan will be developed. 5. The above corrective measures will be completed on or before May 31, 2012.				

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	<p>record." The section 11.4 Controlled Drug indicated, "Each time a controlled medication is dispensed by the nurse, the nurse will sign the medication out on the control log...."</p> <p>b. Documentation on the Narcotic Control Sheet related to the Lortab, indicating "Doses Transferred to Disposal Record" on 4/20/12, indicated 22 doses were disposed of, and the documentation was signed by one nurse. A blank indicating "Witness" was not completed.</p> <p>Documentation on the Narcotic Control Sheet related to the Alprazolam, indicating "Doses Transferred to Disposal Record" on 4/20/12, indicated nine doses were disposed of, and the documentation was signed by one nurse. A blank indicating "Witness" was not completed.</p> <p>The facility's policy related to Medication Administration was provided on the work table on 5/16/12 at 10:15 a.m. Review of the policy at this time indicated in section 11.4, "... Federal and state laws require that each controlled medication is accounted for....," and section 16.01 Non Controlled Medications indicated, "...Controlled [sic] schedule II through V medication cannot be returned to the pharmacy, they must be destroyed at the in [sic] the facility according to the</p>						

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	<p>facility's medication destruction policy and procedure...."</p> <p>During interview on 5/16/12 at 11:45 a.m., in regard to the facility's medication destruction policy for controlled substances, the Director of Nursing (DON) indicated the facility had no specific policy related to how controlled substances should be disposed of, but that all nurses learn that controlled medications should be flushed in the presence of two nurses who both should sign the record. The DON indicated she had observed LPN #3 flush Resident C's Lortab and Alprazolam into the hopper, and that she (the DON) had signed the documentation. She also indicated the Narcotic Count Sheet did not include two signatures as expected.</p> <p>During interview on 5/16/12 at 11:55 a.m., LPN #3 indicated she was not working the week of 4/20/12 and had not disposed of the medications.</p> <p>During phone interview on 5/16/12 at 12:55 p.m., RN #4 indicated she had disposed of the medications.</p> <p>This federal tag is related to Complaint IN00107462.</p> <p>3.1-25(e)(1)</p>						

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	3.1-25(e)(2)						